

Application for Federal Assistance

2. DATE SUBMITTED March 19, 2002		Application Identifier
1. TYPE OF SUBMISSION: <i>Application</i>	<i>Preapplication</i>	3. DATE RECEIVED BY STATE
Q Construction	Q Construction	State Application Identifier
} Non-Construction	Q Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY
		Federal Identifier

5. APPLICANT INFORMATION

Legal Name <Organization Name>	Organizational Unit <department, division, etc.>
Address (give city, county, state, and zip code) <street address> <city, state, zip> <county>	Name and telephone number of the person to be contacted on matters involving this application (give area code) <contact name> <telephone number> <email address>

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

1	2	—	3	4	5	6	7	8	9
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8. TYPE OF APPLICATION:

} New Q Continuation Q Revision

If revision, enter appropriate letter(s) in box(es): Q Q

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration E. Other (specify):

7. TYPE OF APPLICANT: (Enter appropriate letter in box) ☒ N

A. State H. Independent School District
B. County I. State Controlled Institution of Higher Education
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (specify) non-profit

9. NAME OF FEDERAL AGENCY:

National Telecommunications and Information Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.552

TITLE: Technology Opportunities Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

<names of cities, counties, etc.>

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

"Carry Forward's Rural Online Project"

13. PROPOSED PROJECT:

Start Date October 1, 2002	Ending Date September 30, 2004	14. CONGRESSIONAL DISTRICTS OF:
		a. Applicant <state>-3
		b. Project <state>-3,5,7-9

15. ESTIMATED FUNDING:

a. Federal	\$	149,629
b. Applicant	\$	135,984
c. State	\$	0
d. Local	\$	0
e. Other	\$	18,450
f. Program Income	\$	0
g. TOTAL	\$	304,063

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE March 19, 2002

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative <authorized representative's name>	b. Title <title>	c. Telephone Number xxx-xxx-xxxx
d. Signature of Authorized Representative <authorized representative's signature>		e. Date Signed March 19, 2002